		ARD OF HEALTH
(7)	TITAL STATISTICS	State Index No. 195 Co. Register No. 223
Town of "."	TIFICATE OF BIRTH	Local Registrar's No. 65
or		St: Ward)
City of		
FULL NAME OF CHILD If child is not named, make Supplemental Report on black	ank obtainable from local re	Born YES Alive No
Sex of Twin, Child Truele or other land of birth	er Legiti- Date	of Oct 17 6
Full FATHER Name Philismon G. Merrill	Maiden Pearl	THER I bruch
Residence Cima	Residence Pine	a,
Color Age at last 44 Birthday (Years)	Color or Race	Age at last Birthday (Years)
Birthplace	Birthplace P	Raine
Occupation Therebaut	Occupation Am	unipa
Number of Children, of this mother	7. Were precautions taken ag	ainst Ophthalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
I hereby certify that I attended the birth of the above ch	ild; and that it occurred on	10/17 1915; aV/PM.
When there is no attending physician or midwife, then the householder should make this return.	(Signature) PE. L (Attending physics)	Dry Lette M. (Sician, midwife, householder)
Given or Christian name added from a	Address Prin	a anema
supplemental report191 Filed//5	191 3 mrs	P. C. Bude
943-1017-768 Filed 11/10	A True Copy	LOCAL REGISTRAR. Marte COUNTY REGISTRAR.